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Bib Data Sheet

CONFIRMATION NO. 9019

<b>SERIAL NUMBER</b> 09/929,775	<b>FILING OR 371(c) DATE</b> 08/15/2001 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2642	<b>ATTORNEY DOCKET NO.</b> 00B-2022
<b>APPLICANTS</b> Frederick J. Kiko, Carlsbad, CA; David B. Beene, Oceanside, CA; David Millar, Aliso Viego, CA;				
<b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 09/19/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Davis Chin 10281 WEST LINCOLN HIGHWAY FRANKFORT ,IL 60433-1279				
<b>TITLE</b> Compact wall phone filter housing unit				
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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<b>** CONTINUING DATA *****</b> NONE J				
<b>** FOREIGN APPLICATIONS *****</b> NONE J				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 09/19/2001</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 19
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> Davis Chin 16061 S. 94th Avenue Orland Hills, IL 60477-4623				
<b>TITLE</b> Compact wall phone filter housing unit				
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			
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<input type="checkbox"/> Other _____				<input type="checkbox"/> Credit